

2004 HUMAN BEHAVIOR COURSE BLOCK TWO CHALLENGES

13 QUESTIONS CHALLENGED

24 TOTAL CHALLENGES

7 CHANGES TO THE ANSWER KEY

Question 4.

Crisis intervention

- A. Typically lasts over 20 visits
- B. Typically lasts over six months
- C. Typically lasts for several years
- D. None of the above
- E. **XX** Is a form of therapy that primary care physicians often use

Challenge.

1. On question 4 of the examination, I think D should be a valid answer along with E. Answers A, B, and C are definitely incorrect, therefore, answer D (none of the above) should be correct. Answer E, is equally correct. Perhaps it was intended to have answer D at the bottom of the list (making D an incorrect answer), but as the question is given to us, both D and E are equally correct.
2. Okay, I'm sure this isn't the first challenge you've gotten for #4, but if the answer is E, then D is obviously correct as well (which is what I put, since I debated between D&E...E couldn't be right by this logic!).
3. I would like to challenge question 4 regarding crisis intervention. Answer E was given as the correct answer. By simple logic, if the answer to the question is not A, B or C then answer D (None of the above) must be a correct choice. Both D and E should be acceptable responses

Dr. Engel Response. Correct answers are D or E. Oops!

Question 7.

To maximize nonspecific (placebo) effects of the doctor-patient relationship, primary care physicians should

- A. **XX** Respect the patient
- B. Use expressive therapy techniques
- C. Openly and directly address patient weaknesses
- D. When patients have nothing medical to worry about, tell them
- E. Emphasize a friendly and self-disclosing style

Challenge.

1. I challenge that there are two correct answers to this question, both A and E. Answer E states that the doctor should, "emphasize a friendly and self-disclosing style," in order to maximize placebo effects. In Cohen, pages 479-480, it states that the doctor should be upbeat and communicate well with the patient (friendly) and that he should emphasize a style that allows the patient to share his feelings and elaborate on them (self-disclosure). This question is open to interpretation on who is doing the self disclosure. I interpreted it as the patient.

Dr. Engel Response. Correct answer is A. The question states, “The primary care physician should...” Self-disclosure is a disclosure about oneself. Put the two together and choice E suggests that the physician should emphasize self-disclosure (i.e., talk about him-/herself). The book is clear that self-disclosure is something to be used only sparingly and with caution.

Question 8.

A physician immediately finds herself feeling warm and amorous toward a new patient. The patient looks like an old boyfriend she remembers with fondness. The physician is privately distressed and embarrassed about her feelings because this is the first time she has even seen this patient, and she is always professional with her patients. The physician’s feelings toward her new patient are an example of

- A. Transference
- B. **XX** Countertransference
- C. Therapeutic alliance
- D. Empathic validation
- E. Interpretation

Challenge.

1. I think the notes misled most of us. The definition of countertransference seems fairly straight-forward in the notes pg. 293 slide 14. Because we were required to know both transference and countertransference, and because neither were really defined in the required readings, and transference was not in the notes I went to Hales and Yudofsky, Textbook of CLINICAL PSYCHIATRY: 4TH EDITION, pg 1206 for a nice clear definition of what transference is exactly: Transference Experience of acting toward, feeling, and/or perceiving another person to be like a significant figure from one’s past. Important area of learning in the psychoanalytic psychotherapies but not limited to therapy settings. Nowhere in this definition does it state that the patient or the physician must be the one experiencing the emotion, so based on this definition the answer to number 8 is A—transference.

Dr. Engel Response. Correct answers are A or B. In general, countertransference is a feeling that a provider experiences toward a patient, but the example given can also be correctly viewed as transference. I’ll allow either answer to stand as a correct answer. The other options are all clearly wrong.

Question 9.

Formal psychotherapy is practiced by

- A. Non-psychiatric physicians
- B. Psychologists
- C. Nurses
- D. Chiropractors
- E. **XX** All of the above

Challenge.

1. I challenge that question E is incorrect and that B should be considered correct. In Cohen, page 468, under the Defining Psychotherapy section, it states that “Formal” psychotherapy is practiced by psychologists (choice B) and nurses (making C correct as well) and “Informal” psychotherapy is practiced by nonpsychiatric physicians and

chiropractors (making A, D, and E incorrect). These formal and informal techniques both fall under the broader umbrella of psychotherapy.

2. p. 468 in Cohen says ... "informal" variants of psychological healing not typically thought of as falling under the heading of "psychotherapy." These include the counseling offered to individuals by nonpsychiatric physicians, chiropractors, naturopaths, and other "alternative" healers. Therefore, wouldn't formal psychotherapy be practiced by psychologists and nurses, while informal psychotherapy is practiced by chiropractors and non-psychologists.
3. A, B, and C are correct for this question but D and E are incorrect. p468 of the text indicates that chiropractors practice "'informal' variants of psychological healing not typically thought of as falling under the umbrella of 'psychotherapy'"
4. This question asks which professionals practice "formal" psychotherapy and the answer was (E) all of the above, which included nonpsychiatric physicians, psychologists, nurses, and chiropractors. On p468 of the book it states that psychologists and nurses practice "formal" psychotherapy and that nonpsychiatric physicians and chiropractors practice "informal" psychotherapy. Having read that chiropractors and nonpsychiatric physicians specifically practice informal psychotherapy, one can reasonably exclude answer (e) all of the above. Thus, we were left to choose between a couple of correct answers (specifically, psychologists and nurses). There is no clear-cut single correct answer for this question and thus either the question should be thrown out or the answers given in the book, both (B) Psychologists and (C) Nurses, should also be accepted as correct answers.
5. Cohen p. 468 says that psychologists and nurses practice "formal" psychotherapy, and nonpsychiatric physicians practice "informal" psychotherapy. Given this, there can be no most correct answer, but B and C come the closest. I think it would be best to throw out the question.

Dr. Engel Response. Correct answers are A, B, C, D or E. The text is confusing on this point and the question was poorly worded. Everyone gets credit for this one.

Question 10.

A 25-year-old woman has entered psychotherapy to address psychological distress after witnessing an accident. Psychotherapy statistics suggest she will have achieved the large majority of her eventual improvement by the first

- A. Session of therapy
- B. Week of therapy
- C. Month of therapy
- D. ~~XX~~ 2-3 months of therapy
- E. Six months of therapy

Challenge.

1. C is correct according to the second to last paragraph of page 469. "The major response to psychotherapy typically occurs quite rapidly, within the first few weeks"

Dr. Engel Response. Correct answer is C or D. The point this question was addressing is best illustrated in figure 18-1 on page 470. It shows that the majority of improvement occurs by session 8. However, I'll accept answer C as correct in view of the statement that the challenger points to on page 469.

Question 13.

Schizophrenia among individuals having both a schizophrenic parent and sibling is

- A. Uncommon (risk is less than 1%)
- B. Common (risk is 1-5%)
- C. **XX** Very common (risk is 10-20%)
- D. Extremely common (risk is 25-50%)
- E. Almost certain (risk is greater than 67%)

Challenge.

1. I challenge that we were specifically told that we did not need to learn the material for this question until the next test. The Cohen table with these statistics was in the genetics section of the schizophrenia chapter, referenced from a page that we were told that we did not need to read.
2. I thought that during the review we were told to not worry about the genetics section of the text reading for the schizophrenia section, but on the test, there was a question (question 13) that came from a table in that section (the percentages if you have a parent and a sibling).

Dr. Engel Response. Correct answer is A, B, C, D or E. Indeed, I told students not to worry about the genetics part of the schizophrenia chapter. Everyone gets credit for this question.

Question 14.

Which of the following is a key neurotransmitter involved in the central nervous system pathophysiology of Alzheimer's disease?

- A. Dopamine
- B. **XX** Acetylcholine
- C. Glutamate
- D. Gamma-aminobutyric acid
- E. Serotonin

Challenge.

1. I'm challenging question # 14 on the Human Behavior exam. Answer "C glutamate" is also correct. According to Cohen pg 134, glutamate can also be involved in Alzheimer's disease. The Glutamate/Excitotoxicity Hypothesis states, "The glutamate receptor is a calcium channel. the channel is allosterically modified when glutamate binds to it such that more calcium can flow into the cell. The calcium then triggers a chain reaction that ultimately leads to the production of free radicals."
2. Over production of these radicals is believed to lead to Alzheimer's disease. Thus answer "C glutamate" is also correct.

Dr. Engel Response. Correct answer is B or C. The best single answer is B. There is much more convincing data favoring acetylcholine as a key neurotransmitter than there is for glutamate. However, I agree that the book seems to give glutamate lots of coverage as a possible neurotransmitter affected in Alzheimer's disease, so I'll allow it as a correct answer.

Question 16.

Which of the following tests (and the disease or findings the test looks for) is a routine

part of the basic laboratory evaluation of possible dementia?

- A. Brain biopsy (Pick's disease)
- B. **XX** Thyroid function testing (hypothyroidism)
- C. Serum B12 level (Korsakoff's psychosis)
- D. Single photon emission tomography (cortical atrophy of Alzheimer's disease)
- E. None of the above

Challenge.

1. Question 16 should be thrown out because according to Table 2-11 in our book on pg. 47 for the common psychiatric screening tests both Vit. B12 and full thyroid panel are performed.

Dr. Engel Response. Correct answer is B. The challenger is correct that B12 and thyroid function testing is part of the basic workup for dementia. However, Korsakoff's psychosis occurs due to chronic thiamine deficiency (see bottom of page 119). B12 deficiency is found in the dementia associated with pernicious anemia. Therefore option C is incorrect.

Question 28.

A 48-year-old woman with a sound memory before today and no previous psychiatric history presents to the emergency department confused, disoriented to place and time, distractible, agitated, pacing, shouting, and angrily shaking her finger at people. She is also having visual hallucinations. Which of the following is the most likely cause?

- A. Lithium toxicity
- B. Severe hypertension
- C. Meningitis
- D. Cardiogenic shock
- E. **XX** Alcohol withdrawal delirium

Challenge.

1. In the exam review, alcohol withdrawal was mentioned as a cause of hypoactive, not hyperactive delirium, and this lady is definitely hyperactive. The on the WHHHHIMP emergency differential diagnosis (syllabus p. 265) gives hypertension as a leading cause of delirium. Credit should be given for B.
2. (C) Meningitis could also be a cause for her symptoms of delirium. It also falls under the "I WATCH DEATH" category. It's an even a better answer than choice (E) because alcohol w/drawal is primarily associated with AUDITORY hallucinations. Additionally, the fact that they were visual hallucinations steered me away from EtOH w/drwl.

Dr. Engel Response. Correct answer is E. Visual hallucinations are common to all forms of delirium and are really not helpful in deciding what might be causing the delirium (see bottom of the second column on page 32). All delirium is characterized by a disturbance of arousal. Psychomotor slowing, diffuse slowing on EEG, and a fluctuating level of arousal in which the patient sometimes appears to nod off in mid-sentence characterizes hypoactive delirium. In contrast, hyperactive delirium is characterized by persistent psychomotor agitation, sympathetic nervous system discharge (e.g., increased blood pressure, heart rate, and core body temperature). EEG shows low voltage fast activity. The differential diagnosis in hyperactive delirium is relatively short and includes central nervous system depressant (alcohol, barbiturate, benzodiazepine) withdrawal and

phencyclidine or severe psychostimulant intoxication. Alcohol withdrawal delirium (or delirium tremens) is the best answer in this instance.

Question 32.

Which of the following medications is most likely to cause or exacerbate delirium?

- A. Tylenol
- B. **XX** A benzodiazepine such as diazepam (Valium)
- C. A selective serotonin reuptake inhibitor such as fluoxetine (Prozac)
- D. All of the above commonly cause or exacerbate delirium
- E. None of the above can cause or exacerbate delirium

Challenge.

1. I challenge that there are two correct answers, B and C. I did not choose B because I remembered that benzodiazepines may cause delirium in otherwise normal patients and that if the patient already had delirium, the drug would stabilize, not exacerbate, the delirium, or that it could be used to treat (not exacerbate) delirium (it is the only first line treatment for CNS depressant withdrawal delirium). I chose C because I learned that increased serotonin can lead to serotonin syndrome and delirium.
2. Based on our required readings on page 106, 2nd column first paragraph, SSRI and benzodiazapines should both be correct answers. "Not uncommonly, the primary physician has just initiated antidepressant or anxiolytic medication therapy for a presumed mood or anxiety disorder at the time of psychiatric consultation. The psychiatrist then recommends that these medications be discontinued out of concern that they could exacerbate the patient's delirium." So SSRIs are in the antidepressants, and benzodiazapines are in the anxiolytics. I went with SSRI because I knew that benzodiazapines were a treatment of CNS depressant withdrawal delirium, so SSRI seemed better than something that can potentially treat delirium.

Dr. Engel Response. Correct answer is B. Antidepressants with anticholinergic activity or significant associated sedation (typically the tricyclic antidepressants) can cause or exacerbate delirium. SSRIs are seldom if ever implicated in delirium. In contrast, benzodiazepines are an extremely common cause of delirium and are well known to cause important decrements in cognitive function even with short term use in cognitively intact adults. The fact that benzodiazepines are used to treat delirium associated with central nervous system depressant withdrawal does not nullify the fact that these drugs are a frequent cause of delirium, particularly in elderly adults with preexisting cognitive impairment.

Question 33.

Which of the following psychiatric disorders is more common among women than men?

- A. Obsessive-compulsive disorder
- B. Schizophrenia
- C. Simple phobia
- D. Alcohol dependence
- E. **XX** Generalized anxiety disorder

Challenge.

1. Notes, page 350, slide #39, "Specific phobias more common among women." Index in Cohen lists simple and specific phobias as the same thing.
2. The question asks which psychiatric disorder is more common among women than men. Both answer (C) simple phobia, and answer (E) generalized anxiety disorder, are more common among women than men. The answer sheet states that (E) is the correct answer. However, slide 26 on page 334 states that specific phobias are "more common among women." Since simple phobias is the former name for specific phobias (they are different names for the same disorder), answer (C) should also be accepted as a correct answer.

Dr. Engel Response. Correct answer is C or E. The challengers are correct.

Question 35.

Which of the following is a risk factor for delirium

- A. Depression
- B. Chronic pain
- C. Childhood
- D. **XX** Post-surgical procedure involving general anesthesia
- E. All of the above

Challenge.

1. E should receive credit. In discussing risk for delirium among the elderly, Cohen p. 108 states that polypharmacy and chronic disease are risk factors for delirium. By the same logic, a patient who is depressed and/or in chronic pain will be more likely to receive polypharmacy and thus delirium. Similarly, metabolism in children is different from adults, just as in the elderly, so kids may metabolize some drugs differently and thus be at an elevated risk for delirium. The question asks for the best answer, and it is more correct to say all of the choices can contribute to delirium than it is to say that only post-surgical patients are at risk.

Dr. Engel Response. Correct answer is D. Depression, chronic pain, and childhood are not risk factors for delirium.

Question 38.

The man in the previous question has no medical problems, is on no medications and does not abuse any substances. He has no other psychiatric problems. Which of the following is true of the psychiatric disorder he has? It is . . .

- A. **XX** Common (2-3% prevalence), men more than women
- B. Common (2-3% prevalence), women more than men
- C. The only anxiety disorder more common in women than men
- D. Very common (6% prevalence) men more than women
- E. Very common (6% prevalence) women more men

Challenge.

1. B should be correct also. While the syllabus says OCD is slightly more common in men, I had to go with the book (p. 280) which says: "among younger patients, there is a greater preponderance of males; however, by adulthood the ratio of males to females has equalized, suggesting that females may simply have a later age of

onset.” If the ratio has equalized by adulthood, it would be incorrect to say “Common prevalence, men more than women.” Furthermore, if males dominate in childhood, and females “catch up” by adulthood, then at some point more adult females are developing OCD than adult males, so I chose B (after much frustration) since men and women mean adults, not kids.

2. #38 does not have a correct answer, according to Cohen (280) which says that “by adulthood the ratio of males to females has equalized.”

Dr. Engel Response. Correct answer is A. The prevalence is higher among males than females in youth. The prevalence is never higher in females than males. My slides also note that OCD is more common among men.